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Naso-Pharyngeal Fibromata.

BY



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NASO-PHARYNGEAL FIBROMATA.

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In 1884 I presented to this section a paper on naso pharyngeal fibromata in which I reported four cases, two of which had been cured, and two of which had disappeared so that the result was unknown. In that paper I advocated the extirpation of these growths, when possible, through the natural passages by means of the galvano-cautery *écraseur* or other methods, employed by laryngologists in the destruction of nasal polypi, in preference to the formidable operation including removal of the superior maxilla, which has frequently been practiced by surgeons, and which is still believed, by some, to be the best means of eradicating these growths.

In a paper by Dr. Lincoln, of New York, to which I referred in my former article, it was shown that the operation usually adopted by surgeons was extremely hazardous—over 25 per cent. dying from the operation, while it was not very successful in preventing recurrence, as in only about 14 per cent. was it certain that the tumor had not returned within a year. By the method which I then recommended it was shown that the danger to life was very much less, and that the ultimate results were much better, as in



over 50 per cent. of the cases recurrence had not taken place within twelve months.

Recently one of the cases then reported, which had failed to return after the first sitting for completion of the operation, and which I had lost sight of at the time my former paper was written, has returned to me after the lapse of five years with a renewed growth in the same locality. This I have removed by means of the galvanocautery *écraseur* at my clinic at Rush Medical College, in presence of Drs. Hinde and Breckinridge and the medical class. The operation was done after the parts had been anæsthetized by cocaine, and was completely successful in the removal of all of the tumor. It consisted of three lobules which had been attached by a base about half an inch in diameter at the vault of the pharynx and posterior naris of the left side. The tumor removed five years ago had the appearance of being composed entirely of fibrous tissue. Of the tumor recently removed the smaller lobule, which measured about five-eighths of an inch in diameter, proved upon microscopic examination, made in the Physiological Laboratory of Rush Medical College, to be made up of fibrous and cellular elements, being about four-fifths fibrous.¹ The next larger lobule which measured about three-eighths inch in diameter by one and a half inch in length, appeared to be fibro-cellular in character about one-half fibrous, and the largest which measured about one by two inches in diameter, seemed also fibro-cellular, about three-fourths fibrous. This case was at first reported as fibrous, and I believe that the tumor first removed fully justified placing it in that class, though the recent growths contain more of the cellular elements than is usual in the

¹ This was examined by Mr. Frank Lyman, 1st assistant in the physiological laboratory.

true fibromas. In this case there has been a recurrence of the growth as I had expected, because it was not entirely removed at first, the patient having failed to present herself for the second operation ; but its slow growth, and the fact that these tumors are less likely to recur at this patient's age than in subjects at about the age of puberty, leads me to hope that the recent operation may prove the last one necessary.

I have also to present to the Section the history of a case from which I recently removed a large fibrous growth from the naso pharynx with the galvano-cautery.

The patient, W. K., æt. 16, was brought to me by Dr. White, of Sandwich, Ill. I found that for two years he had been troubled with difficulty in breathing through the nose, and frequent epistaxis. For about two months before consulting me he had suffered from frequent alarming hemorrhages, during one of which Dr. White had been called in for the first time. The doctor checked the hemorrhage, but the patient was much exsanguinated and in no condition for an immediate operation, therefore, he was placed on tonics and nutritious food and given time to recuperate. As a result I found the patient well nourished and with no appearance of anæmia. His voice was of that peculiar character known as nasal, the sense of smell was nearly lost, and he complained of pain in the side and back of the head. The left cheek over the lower maxilla was quite prominent, and apparently swollen, but there was no induration excepting just opposite the posterior molar of the upper jaw, where a conical tumor could be felt deep in the soft tissues. This tumor appeared to be about five-eighths of an inch in diameter, at the farthest point where it could be felt, which was about the same dis-

tance back of its apex, and it was evidently attached far back in the tissues, out of reach. Upon examining the nares anteriorly, I found the posterior third of the left cavity filled with a firm growth of a light pink color, which bled very easily on being touched with a probe. Examining the mouth I found the soft palate crowded downward, and upon a rhinoscopic examination discovered the naso-pharyngeal cavity to be filled with a tumor of a light red color, and smooth surface, which was found to be hard to the touch. The slow progress of this case, the frequent attacks of epistaxis, and the appearance of the growth itself, convinced me that it was a fibroma. I recommended removal by the galvano-cautery *écraseur*, and left the patient to decide whether it should be done under the influence of cocaine or ether. I much preferred the former, knowing that with it, I would have a much better view of my work, yet I feared from experience with other cases that he might suffer considerable pain. Being anxious to return to his home as soon as possible, he decided to submit to the operation with only such relief from pain as could be afforded by cocaine. On the afternoon of the same day I operated, with the assistance of Drs. J. E. Rhodes and White and Mr. J. A. Bauman. A 10 per cent. solution of cocaine was first applied to the naso-pharynx and left naris by means of an atomizer and syringe about once in two minutes, for fifteen minutes, until the parts were benumbed. I then passed through the left naris two catheters which were brought out of the mouth and through them passed the two ends of a No. 8 platinum wire. As these were drawn out the nostril with the catheter the loop was carried up behind the tumor by the finger. The ends of the wire were then passed through a

tubular electrode, made fast to a ratchet on the handle, and the battery was connected. I then tightened the loop by turning the ratchet, and heated the wire for two or three seconds by closing the circuit, then allowed the patient to rest a few seconds, and then repeated the procedure, thus alternately heating the wire as long as the patient could easily bear it, and then allowing it to cool and tightening the ratchet. I soon burned off the growth, at its base, which was more than an inch in diameter.

The tumor was removed through the mouth and proved to be a fibrous growth measuring $1\frac{3}{4}$ by 2 inches in diameter, and 1 inch in thickness.

The operation had been easily borne, though it would have caused much pain if I had kept the wire constantly hot until the base of the tumor had been severed. Thus far there had been no bleeding. I then found that a portion of the growth still remained in the posterior part of the left naris. I could not engage it in a snare and therefore attempted to remove it with cutting forceps, but immediately profuse hemorrhage occurred, and I was obliged to plug the nose with a strip of gauze saturated with a thick mixture of tannic acid. This checked the bleeding promptly, but the patient had lost about a pint of blood in five minutes, and therefore further operations were deferred. The patient returned to his home the same day and no unfavorable symptoms recurred. Three weeks later he came to me again. The tumor within the nares had somewhat increased in size and was then found to be of such a shape that it could not be engaged in the snare, therefore I adopted a method which had been successfully employed in a few cases of this kind. I applied cocaine to the tumor in the nares, then introduced into it an electrolysis needle which I

connected with the negative pole of a galvanic battery, applying the positive pole at the same time by means of a large flat sponge to the angle of the jaw and side of the neck. I turned on as many cells as the patient could tolerate and continued the electrolysis for fifteen minutes. Ten days later the patient returned and I found that the electrolysis had very materially reduced the size of the tumor, but at this visit I was able to remove a mass about half an inch in diameter with the galvano-cautery snare, therefore did not use electrolysis. Two weeks later I found that the small tumor in the cheek was reduced to one-fourth its former size. I again used the galvano-cautery snare, and removed a small portion of the tumor, and at the same time seared the surface of what remained in the naris. I was unable to remove enough of the growth to allow of free nasal respiration. About two weeks later the patient again returned. At this time I was unable to feel anything of the tumor in the cheek, and all the growth appeared to have been removed from the naso-pharynx, excepting a small mass at the opening of the left naris. The patient could breathe through the left naris considerably, but still a portion of the tumor obstructed its posterior part. I again practiced electrolysis. Ten days later the patient returned having progressed favorably. He was able to breathe through the left naris much better than formerly. Used electrolysis again.

During the past three years I have operated on two other cases of naso-pharyngeal tumors which appeared at first to be simple fibromas. The first case, A. P., æt. 13, was brought to me from Dakota, and during the course of a year and a half underwent three distinct operations, in each of which the tumor was removed as thoroughly

as possible, but a portion of it which had become involved in the tissues about the pterygoid process of the sphenoid and a portion which passed into the cheek, could not be extirpated. The late Prof. Moses Gunn at one time removed the tumor from this patient's cheek; the tumor was about an inch in diameter. During the last six months of the treatment the naso-pharyngeal tumor grew so slowly that I hoped for its complete destruction, but the boy, who was in the city without friends, fell into bad company, and I felt compelled to send him home while a small portion of the growth remained. I have not since heard of the case.

The second of these cases, E. I., aged about thirteen, was brought to me from Nebraska about two and a half years ago, with a fibrous tumor which filled the left naris and naso-pharyngeal cavity. In this case the tumor was removed, partly by the galvano cautery and the steel wire *écraseur* and partly by cutting forceps. There was profuse bleeding whenever the cutting forceps were used, but it was readily checked by plugging the nasal and naso-pharyngeal cavities with a strip of gauze saturated with a mixture of tannic and gallic acids which had been rubbed up with just enough water to make it the consistency of syrup. The record of the case has been lost, but I recollect that three or four operations were done at intervals of from three to five months. Each time the growth being removed as completely as possible, though a small portion of it was doubtless left in the tissues about the pterygoid process. The last operation was done about a year ago, and I have not since heard directly from the patient whose residence I do not know. But from another patient who knew of the case, I heard recently that the boy is living

and that so far as the friends can tell the growth had not returned. Though I am not certain of the result in either of these cases, I believe that it promised to be better than could have been expected from a more formidable operation.

These cases I have reported merely as an addition to the literature of this interesting subject, and with the hope of eliciting discussion which may be of much value. In the present state of our science, I believe that all of these cases which afford any reasonable hope of cure should be operated upon through the natural passages. When the tumor has been removed, if any parts remain which are inaccessible to the *écraseur*, cauterizing knife or cutting forceps, they should be treated by electrolysis, and thus even if we fail to at once eradicate the growth we may hope to prolong the history of the case to the period of adolescence, at which time nature seems to set a limit, at least in many cases, to the further development of these growths, and then a cure may be effected.

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